

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/512008

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3				1		
4						
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6						
7						
8						
9						
10				1		
11				1		
12				1		
13				1		
14				1		
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17				1		
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19				1		
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24	4			4		
25	4					
26	4					
27	4					
28	4					
29	4					
30	4					
31	4					
32	4			5		
33	3			2		
34	3			2		
35	2			2		
36	2			2		
37	2			2		
38	4			4		
39	4			4		
40	4			4		
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42	4			4		
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		49	←		←
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						